

Certificate of Paid-In Capital

Name of Bank/Savings Bank	City, Village or Township
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The undersigned, does hereby certify that the capital and surplus of the above-named bank/savings bank in the amount of \$ _____ pursuant to applicable provisions of the Banking Code of 1999, as amended, or the Savings Bank Act of 1996, as amended, has been fully paid-in. Therefore, issuance of the Commissioner's Certificate of Authority for the bank/savings bank to commence business with capital and surplus as follows is requested:

Preferred Stock (_____ Shares @ \$ _____ Par Value)	\$ _____
Common Stock (_____ Shares @ \$ _____ Par Value)	\$ _____
Surplus	\$ _____
Undivided Profits	\$ _____
Total Capital Structure	\$ _____

Officer's Signature	Date
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Please send completed form to: **OFFICE OF FINANCIAL AND INSURANCE SERVICES
ATTENTION: ENTERPRISE MONITORING AND
INSURANCE EXAMINATION DIVISION
P.O. BOX 30220
LANSING, MI 48909-7720**

Authorized by PA 276 of 1999, as amended, and PA 354 of 1996, as amended. Required to notify Commissioner capital and surplus have been fully paid in.



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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